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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/202,705 07/24/2002
 and is a CIP of 10/627,065 07/24/2003
 which is a CIP of 10/014,409 12/14/2001 PAT 6,755,833
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** FOREIGN APPLICATIONS *****

-None-

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WI	SHEETS DRAWING 5	TOTAL CLAIMS 97	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS

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TITLE

Bone treatment plate assembly

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)